Section VI
Summary of Needs Assessment and Addressing Unmet Needs

Summary of Findings and Process

The Massachusetts Home Visiting Needs Assessment Team directed the comprehensive statewide needs assessment and collected a substantial body of information from state and federal agency partners. The needs assessment brought together a wealth of diverse data sources that contributed to the identification of at-risk communities with the greatest need for home visiting services. Massachusetts designated its 351 individual cities and towns as "communities" for the purposes of the needs assessment and ranked them from highest to lowest risk. Federally required indicators, as well as additional ones, were included to provide a more complete assessment of the needs of at-risk pregnant women, children, and families.

In conjunction with the community-level ranking, the Home Visiting Needs Assessment Team identified the quality and capacity of existing home visiting programs and initiatives for perinatal and early childhood home visiting in the state, and the extent to which such efforts meet the needs of eligible families. The Team also assessed the state's capacity for providing substance abuse treatment and counseling services to individuals and families in need of these services who reside in the 18 communities identified as at risk. A survey of all current home visiting programs gathered and summarized program elements such as goals, objectives, caseloads, and communities served. This valuable input from the field was first matched against identified statewide needs to identify gaps in services, and then used to estimate the ability of programs to meet the needs of eligible families.

Several challenges were encountered in gathering the data for the Statewide Data Report, At Risk Community Data Reports, and community-level ranking portion of the needs assessment. Certain required data indicators, such as domestic violence and the number of crime arrests for juveniles ages 0-19 per 100,000, and others deemed critically important to Massachusetts, like maternal depression, were not readily available on the city and town level, and thus were not included in the community ranking. In some cases, data for a single year were too small to be statistically significant, and in those cases, data across multiple years were aggregated to produce the most stable community-level analyses (e.g., infant mortality rates).

In some cases, indicator data were not available for a specific city or town, either due to unavailable data or to cell suppression because of small numbers. In these cases, the community was given the average score for the specific missing indicator. This ensured that cities and towns with no data or suppressed data did not skew results in either direction due to missing values. However, a limitation to this analysis was that it may have overestimated the level of risk for cities and towns with suppressed data. Indicators not required by the legislation with data missing in >50% of cells were excluded from community-level analysis due to unreliability. This exclusion criterion only applied to one indicator, childhood obesity, which was removed from the analysis. Another limitation to this methodology was that it also had the potential to mask disparities within the cities and towns.

Identification and Prioritization of At Risk Communities

The community ranking system that was developed by the Massachusetts Home Visiting Needs Assessment Team was successful in elucidating disparities and stratifying communities. It identified 18 at risk communities with the highest rates of poor perinatal, infant, child health and development outcomes, poverty, unemployment, crime, domestic violence, child maltreatment, substance abuse, and educational outcomes. These communities include (in order of risk): Holyoke, Springfield, Chelsea, Lawrence, Lowell, New Bedford, Fall River, Lynn, Southbridge, Worcester, Brockton, Boston, Pittsfield, Revere, Adams, Everett, North Adams, and Fitchburg.

These 18 communities were organized into the seven regions based on geography, proximity to other high risk communities, and previous state categorizations. As seen in *Section III – Community Selection*, the clustering analysis provided insight on needs, capacity, programming delivery, and assets on a larger scale. Looking forward, results from the community ranking exercise will be combined with results from the clustering and statewide analyses to both examine regional disparities in the selected outcome domains and to identify Massachusetts regions and sub-populations with the greatest need. Information on existing home visiting services in Massachusetts will be applied to these findings in order to identify the underserved high-risk communities and populations which stand to benefit most from new or expanded home visiting programs.

Gaps in Services

Although Massachusetts has a solid foundation of home visiting programs and home-based assets, the needs assessment process identified substantial gaps in services to individuals and families for maternal, infant, and early childhood home visiting services. The Massachusetts home visiting program capacity survey revealed several program gaps and areas of concerns across the state. Common trends and themes were compiled and perceived gaps collected in home visiting services across the maternal, infant, and early childhood spectrum.

- *Maternal Mental Health*: There is a need to increase services for women in the postpartum period.
- *Immigrants*: There is a need to increase services for immigrants, particularly for new immigrants who are ineligible for many social services until after 5 years of residence. Immigrant populations often do not have access to services in their native languages and are less likely to report domestic or sexual violence. Three immigrant populations were identified as being especially at-risk – Somalis, Cape Verdeans and Haitians. :
- *Family Economic Self-Sufficiency*: There is a need to bolster economic self sufficiency programming and homeless services.
- *Child Health and Development*: There is a need to increase services for healthy infant growth and child development to close racial and ethnic achievement gaps, to promote the healthy development of premature infants and to provide enhanced screening and treatment for children with special health care needs.
- *Family Violence/Trauma*: There is a need to increase services for families experiencing trauma or family violence, particularly domestic violence and child maltreatment.
- *Comprehensive System of Care*: There is a need to increase collaborations within family support programs to connect home visiting programs, center-based programs, and other family support programs into a seamless structure of family services.

- *Non-Traditional Populations*: There is a need to increase services to non-traditional populations who typically are not targeted for services in the parent, infant, and early childhood spectrum, including fathers, grandparents functioning as parents and individuals with non-felony Criminal Offender Record Information (CORIs).

Many of the top communities identified as most at-risk in Massachusetts have limited access to maternal, infant, and early childhood home visiting programs. The communities of Chelsea, Revere, and Everett, directly north of Boston, lack sufficient home visiting services. In the southwestern part of the state, Brockton and Fall River are in need of deepened supports for home visiting. The western rural communities of Adams, North Adams, and Pittsfield are also lacking adequate home visiting services to meet the needs of at-risk individuals and families. These communities are of considerable concern not only because of their high degree of need across a wide range of data indicators, but also because of their lack of supports for existing home visiting services.

Plan for Addressing Needs

Based on the unmet needs identified through extensive data analysis, community ranking, and survey of unmet needs, Massachusetts will apply for a grant to conduct an early childhood home visiting program. The 18 communities at risk are in dire need of additional services and supports and could benefit greatly from new or expanded home visiting programs. Under the coordinated leadership of EOHHS and EOE, a collaborative multi-agency organizational structure is already in place and poised to move forward on this initiative. The Commonwealth looks forward to preparing a thoughtful response to the forthcoming Supplemental Information Request on the Updated State Plan.